

Practitioner's Docket No. 6644



Gp3624\$

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Bar, Christopher A.; Clapper, Dennis L.
Application No.: 09/118,675 Group No.: 3624
Filed: 07/17/1998 Examiner: M. Nelson, Jr.
For: MODULAR BACKREST SYSTEM FOR A WHEELCHAIR

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$190.00

FEE FOR CLAIMS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

07/16/1999 NYARS 00000001-162701 shir 09118675

01 FC1202 39.00 CR

Date: June 29, 1999

William G. Bruns
Signature

William G. Bruns, Reg. No. 19,541

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	94	Minus	91	= 3	x \$9 =	\$27
Indep.	22	Minus	11	= 11	x \$39 =	\$429
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total					Addit. Fee	\$456

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$456.00

FEE PAYMENT

5. Attached is a check in the sum of \$646.00.

FEE DEFICIENCY

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment under 37 CFR §1.16 and §1.17 which may be required to Deposit Account No. 16-2201.

Reg. No. 19,541

Customer No.: 001688

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